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NPDES Permit Tracking No.:

MARK05DB45



UNITED STATES ENVIRONMENTAL PROTECTION AGENCY
WASHINGTON, DC 20460

XREF MARK05B787

Annual Reporting Form

A. GENERAL INFORMATION

1. Facility Name: AMHEKST OAKHAM AUTO RECYCLING

2. NPDES Permit Tracking No.: MARK05DB45

3. Facility Physical Address:

a. Street: 358 COLD BROOK RD

b. City: OAKHAM

c. State: MA d. Zip Code: 01068

4. Lead Inspectors Name: GORDON B PULLEY

Title: President

Additional Inspectors Name(s): ROLAND MEDARD

RECKO ENGINEERING

5. Contact Person: GORDON PULLEY

Title: PRESIDENT

Phone: 800-992-4891 Ext. E-mail: AMHEKSTOAKHAMAUTORECYCLING@YAHOO.COM

6. Inspection Date: 01/19/2012

B. GENERAL INSPECTION FINDINGS

1. As part of this comprehensive site inspection, did you inspect all potential pollutant sources, including areas where industrial activity may be exposed to stormwater?
☒ YES ☐ NO

If NO, describe why not:

NOTE: Complete Section C of this form for each industrial activity area inspected and included in your SWPPP or as newly identified in B.2 or B.3 below where pollutants may be exposed to stormwater.

2. Did this inspection identify any stormwater or non-stormwater outfalls not previously identified in your SWPPP? ☐ YES ☒ NO

If YES, for each location, describe the sources of those stormwater and non-stormwater discharges and any associated control measures in place:

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3. Did this inspection identify any sources of stormwater or non-stormwater discharges not previously identified in your SWPPP? ☐ YES ☒ NO

If YES, describe these sources of stormwater or non-stormwater pollutants expected to be present in these discharges, and any control measures in place:

4. Did you review stormwater monitoring data as part of this inspection to identify potential pollutant hot spots? ☒ YES ☐ NO ☐ NA, no monitoring performed

If YES, summarize the findings of that review and describe any additional inspection activities resulting from this review:

ALL RESULTS BELOW
BENCHMARKS

5. Describe any evidence of pollutants entering the drainage system or discharging to surface waters, and the condition of and around outfalls, including flow dissipation measures to prevent scouring:

AREA IS CLEAR W/ NO SCOURING

6. Have you taken or do you plan to take any corrective actions, as specified in Part 3 of the permit, since your last annual report submission (or since you received authorization to discharge under this permit if this is your first annual report), including any corrective actions identified as a result of this annual comprehensive site inspection?

☐ YES ☒ NO

If YES, how many conditions requiring review for correction action as specified in Parts 3.1 and 3.2 were addressed by these corrective actions?

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NOTE: Complete the attached Corrective Action Form (Section D) for each condition identified, including any conditions identified as a result of this comprehensive stormwater inspection.

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NOTE: Copy this page and attach additional pages as necessary

INDUSTRIAL ACTIVITY AREA _____

1. Brief Description: CRUSHER AREA
MOBILE CRUSHER ONCE A YEAR FOR 2 TO 4 WKS
& CLEANED DAILY

2. Are any control measures in need of maintenance or repair? ☐ YES ☒ NO
 3. Have any control measures failed and require replacement? ☐ YES ☒ NO
 4. Are any additional/revised BMPs necessary in this area? ☐ YES ☒ NO

If YES to any of these three questions, provide a description of the problem: (Any necessary corrective actions should be described on the attached Corrective Action Form)

INDUSTRIAL ACTIVITY AREA _____ TIRE AREA

1. Brief Description: STORE IN PILES & REMOVED 2 TIMES A WK

2. Are any control measures in need of maintenance or repair? ☐ YES ☒ NO
 3. Have any control measures failed and require replacement? ☐ YES ☒ NO
 4. Are any additional/revised BMPs necessary in this area? ☐ YES ☒ NO

If YES to any of these three questions, provide a description of the problem: (Any necessary corrective actions should be described on the attached Corrective Action Form)

INDUSTRIAL ACTIVITY AREA _____ FUELING STATION

1. Brief Description: DIESEL FUEL / CLEAN & WELL LABELED

2. Are any control measures in need of maintenance or repair? ☐ YES ☒ NO
 3. Have any control measures failed and require replacement? ☐ YES ☒ NO
 4. Are any additional/revised BMPs necessary in this area? ☐ YES ☒ NO

If YES to any of these three questions, provide a description of the problem: (Any necessary corrective actions should be described on the attached Corrective Action Form)

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C. INDUSTRIAL ACTIVITY AREA SPECIFIC FINDINGS

Complete one block for each industrial activity area where pollutants may be exposed to stormwater. Copy this page for additional industrial activity areas.

In reviewing each area, you should consider:

- Industrial materials, residue, or trash that may have or could come into contact with stormwater;
- Leaks or spills from industrial equipment, drums, tanks, and other containers;
- Offsite tracking of industrial or waste materials from areas of no exposure to exposed areas; and
- Tracking or blowing of raw, final, or waste materials from areas of no exposure to exposed areas.

INDUSTRIAL ACTIVITY AREA OUTDOOR STORAGE

1. Brief Description:

ORDERLY & FREE OF DEBRIS
MEX PARTS IN BOX TRUCKS (COVERED)
AXLES STORED ON ROCKS OFF EARTH

2. Are any control measures in need of maintenance or repair? ☐ YES ☒ NO3. Have any control measures failed and require replacement? ☐ YES ☒ NO4. Are any additional/revised control measures necessary in this area? ☐ YES ☒ NO

If YES to any of these three questions, provide a description of the problem: (Any necessary corrective actions should be described on the attached Corrective Action Form)

INDUSTRIAL ACTIVITY AREA _____:

1. Brief Description:

2. Are any control measures in need of maintenance or repair? ☐ YES ☐ NO3. Have any control measures failed and require replacement? ☐ YES ☐ NO4. Are any additional/revised c necessary in this area? ☐ YES ☐ NO

If YES to any of these three questions, provide a description of the problem: (Any necessary corrective actions should be described on the attached Corrective Action Form)

INDUSTRIAL ACTIVITY AREA _____:

Brief Description:

2. Are any control measures in need of maintenance or repair? ☐ YES ☐ NO3. Have any control measures failed and require replacement? ☐ YES ☐ NO4. Are any additional/revised BMPs necessary in this area? ☐ YES ☐ NO

If YES to any of these three questions, provide a description of the problem: (Any necessary corrective actions should be described on the attached Corrective Action Form)

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E. ANNUAL REPORT CERTIFICATION**1. Compliance Certification**

Do you certify that your annual inspection has met the requirements of Part 4.2 of the permit, and that, based upon the results of this inspection, to the best of your knowledge, you are in compliance with the permit? ☒ YES ☐ NO

If NO, summarize why you are not in compliance with the permit:

2. Annual Report Certification

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Authorized Representative
Printed Name:

GORDON VALLEY

Title:

PRESIDENT

Signature:



Date Signed:

1/19/12